

11/22/00
Jc671 U.S. PTO

11-27-00

A/RE

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (08-00)
Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

PTO
08/11/00
Jc671 U.S. PTO

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	042390.P3581R
	First Named Inventor	Charles Russell
	Original Patent Number	5,841,431
	Original Patent Issue Date (Month/Day/Year)	11/24/1998
	Express Mail Label No.	EL034435633US


APPLICATION FOR REISSUE OF:
(check applicable box) ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.73(c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449 <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input type="checkbox"/> Original U.S. Patent assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) <input type="checkbox"/> Power of Attorney	14. Other: Request for Abstract of Title.....

15. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number of Bar Code Label	 08791 PATENT TRADEMARK OFFICE (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
---	--	--

Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

Name (Print/Type)	Donna Jo Coningsby	Registration No. (Attorney/Agent)	41,684
Signature		Date	11/22/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 042390.P3581R	
Claims as Filed - Part 1							
Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate	Fee	
(A) Total Claims (37 CFR 1.16(j))	(B) 11	**** =	x \$9.00 =		or	x \$18.00 =	0.00
(C) Independent Claims (37 CFR 1.16(i))	(D) 4	* 4 =	x \$40.00 =			x \$80.00 =	320.00
Basic Fee (37 CFR 1.16(h))						\$355.00	
Total Filing Fee						OR \$710.00	
						OR \$1,030.00	
Claims as Amended - Part 2							
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Fee	Other than a Small Entity Rate Fee
Total Claims (37 CFR 1.16(j))	*** 11	MINUS	** 20	* =	x \$9.00 =		or
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	***** 3	1 =	x \$40.00 =		
Total Additional Fee						OR \$18.00	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. <u>02-2666</u> in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of <u>1030.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p>November 22, 2000 _____ Date</p> </div> <div style="width: 50%; text-align: center;"> <p><i>Donna Jo Coningsby</i> _____ Signature of Applicant, Attorney or Agent of Record</p> <p>Donna Jo Coningsby _____ Typed or printed name</p> </div> </div>							

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application No.: Not Yet Assigned

Filed: Concurrently herewith

Patent No.: 5,841,431

Granted:

Patentee: Charles Russel Simmers

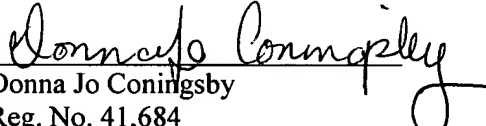
Title: APPLICATION OF SPLIT- AND DUAL- SCREEN LCD
PANEL DESIGN IN CELLULAR PHONES

**Commissioner of Patents
and Trademarks
Washington, D.C. 20231**

REQUEST FOR ABSTRACT OF TITLE

1. Please prepare a certified Abstract of Title in respect of the above identified original patent for placing in the official file of the Reissue Application which is filed herewith.
2. Title in the name of INTEL CORPORATION
was recorded on 11/15/1996, Reel 8315, Frame 0246.

Date: November 22, 2000


Donna Jo Coningsby
Reg. No. 41,684

Blakely, Sokoloff, Taylor & Zafman, LLP
12400 Wilshire Boulevard
7th Floor
Los Angeles, California 90025-1026
(503) 684-6200

042390.P3581R